

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT
FOR THE
Western DISTRICT OF Missouri

UNITED STATES OF AMERICA

v.

Case No. 12-03033-01-CR-S-DW
(write the number of your criminal
case)

STEVEN BRAYFIELD, SR.
Write your full name here.

PROPOSED RELEASE PLAN
In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

NOTICE

The public can access electronic court files. Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☐ Yes

☒ No

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PROPOSED RELEASE PLAN

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

A. Housing and Employment

Provide the full address where you intend to reside if you are released from prison:

1024 East Alantic Street, Springfield, Missouri 65803

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison:

Shirley Marler, 417-869-3721

Provide the names (if under the age of 18, please use their initials only), ages, and relationship to you of any other residents living at the above listed address:

Shirley Marler age 83

Marion Marler age approx. 50

If you have employment secured, provide the name and address of your employer and describe your job duties:

Nationwide Auto Connection 1122 W Sunshine, Sprigfield,

Missouri 65807 Phone: 417-396-0769 Randy Tidland

List any additional housing or employment resources available to you:

NO

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B. Medical needs

Will you require ongoing medical care if you are released from prison?

☒ Yes

☐ No

Will you have access to health insurance if released?

☐ Yes

☒ No

If yes, provide the name of your insurance company and the last four digits of the policy number. If no, how do you plan to pay for your medical care?

N/A

If no, are you willing to apply for government medical services (Medicaid/Medicare)?

☒ Yes

☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☒ Yes

☐ No

If yes, please include them with your motion. If no, where are the records located?

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Are you currently prescribed medication in the facility where you are incarcerated?

☒ Yes

☐ No

If yes, list all prescribed medication, dosage, and frequency:

Losqrtran Potassium 50MG, once a day, Asprin 80 MG once a day
Amlopine 5 MG once daily, Glipizide 10 MG twice daily, Fulosemide
40 MG once Daily, Fulosemide 20 MG once Daily, Potassium Chloride
10 MG once Daily, Pravastatin 40 MG once Daily, Sanpylcollagenase
30Mg twice daily.

Do you require durable medical equipment(e.g. wheelchair,

walker, oxigen, prosthetic limbs, hospital bed)?

☒ Yes

☐ No

If yes, list equipment:

Walker

Do you require assistance with self-care such as bathing, walking, toileting?

☐ Yes

☒ No

If yes, please list the required assistance and how it will be provided:

N/A

Do you require assisted living?

☐ Yes

☒ No

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If yes, please provide address of the anticipated home or facility and the source of funding to pay for it.

N/A

Are the people you are proposing to reside with aware of your medical needs?

☒ Yes

☐ No

Do you have other community support that can assist with your medical needs?

☒ Yes

☐ No

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use their initials only:

Shirley Marler (mother) and Marion Marler (Brother)

Will you have transportation to and from your medical appointments?

☒ Yes

☐ No

Describe method of transportation:

Mother private vehical

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SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

11-23-20

Date

Steve Brayfield
Signature

Steven Brayfield Sr.

Name

24127-045

Bureau of Prisons Register #

Federal Prison Camp, Leavenworth

Bureau of Prisons Facility

1300 Metropolitan (P.O. Box 1000) Leavenworth, Kansas 66048

Institution's Address